

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al. Application No: 10/751,342 Confirmation No: 7605 Filed: December 31, 2003 Title: AEROSOLIZABLE PHARMACEUTICAL FORMULATION FOR FUNGAL INFECTION THERAPY	Group No: 1617 Examiner: Carter, Kendra D Attorney Docket No: 53311-US-CNT (NV.0190.00) February 22, 2010 San Francisco, California 94107
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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Via EFS <input checked="" type="checkbox"/> Response to Non-Final Office Action <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Extension of Time</th> </tr> <tr> <td colspan="3"><input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136</td> </tr> <tr> <th style="text-align: left;">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <td></td> <th style="text-align: center;">Large Entity</th> <th style="text-align: center;">Small Entity</th> </tr> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td style="text-align: center;">\$130.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td style="text-align: center;">\$490.00</td> <td style="text-align: center;">\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td style="text-align: center;">\$1,110.00</td> <td style="text-align: center;">\$555.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Total \$ 130.00</td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time. </td> </tr> </table>	Extension of Time			<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			Extension (Months)	Extension Fee			Large Entity	Small Entity	<input checked="" type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	Total \$ 130.00			<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
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Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	47	98	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	8	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">Fee Payment</th> </tr> <tr> <td style="width: 30%;">Extension Fee</td> <td style="text-align: right;">\$130.00</td> </tr> <tr> <td>Fee(s) for Extra Claim(s)</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$130.00</td> </tr> </table> <p><input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$130.00.</p> <p>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically submitted via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>February 22, 2010</u> Melanie Hitchcock </p>	Fee Payment		Extension Fee	\$130.00	Fee(s) for Extra Claim(s)	\$ 0.00	Total	\$130.00	<p>Fee Deficiency <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u>. and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u>.</p> <p>Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080</p> <p>Respectfully Submitted, <u>Guy V. Tucker</u> Guy V. Tucker Registration No. 45,302 Date: <u>February 22, 2010</u> </p>
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Extension Fee	\$130.00								
Fee(s) for Extra Claim(s)	\$ 0.00								
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